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2	FOOD ITEMS / INGREDIENTS NOT IN OPIGINAL (CONTAINER THAT IS NOT PROPERLY LABELED								(2)	10/28/17
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have re	ad and	Inderstand	the above		nd I an	aware o	f the corre	ctive measi	ures that !	must take
*Note:		any of the	following ite	ems are Re		By (Name		names, locate	iletti bellete	Designed, i

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIVISION OF ENVIRONMENTAL HEALTH EATING & DRINKING ESTABLISHMENT / FOOD ESTABLISHMENT INSPECTION REPORT GRADE ESTABLISHMENT NAME: REASON Inspection Date: 9 28 17 GAY INFRO Regular 13 Follow-Up Time In Time Out OWNER/OPERATOR: NA, JENNIFER SOM BOOK AUGUST Complaint PM LOCATION: 740 Investigation RATING Establishment Type: MANUFACTURER Other: GAVINEPO 20000- 17000 163 PERMIT STATUS: **Temporary** The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection. or sooner, as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal, a written request for hearing must be submitted before the indicated correction date ITEM* REMARKS DEMERIT CORRECT BY LACK OF SELF-CLOSING DEVICE ON BATHROOM 32 DUORS. LACK OF SOAP AND PAPER TOWELS HANDWASH SINKS. A SELF-CLOSING DEVICE SHALL BE INSTALLED ON BATHROOM DOOPS TO PREVENT PESTS & VECTORS ACCESS. SOAF & PAPER TOWELS SHALL BE PROVIDED TO PROMOTE PROPER HANDWASH HYGIENE. OPEN BAGS OF FLOUR NOT PROPERLY STORES NOT IN IMPERVIOUS CONTAINER NOT COVERED. PHOTOS TAKEN. PLACARD # 00943 ISSUED. PIC BRIFFED ON ABOVE. have read and understand the above violation(s) and I am aware of the corrective measures that I must take *Note: When any of the following items are Received By (Name & Title): cited above, they shall be corrected within DEH Inspector (Name, & Title); 2 10 days of this inspection: J. GARCUA (1), (3), (11), (12), (27), (28), (30), (41) & (45).